

ATTACHMENT D

Indiana State Department of Health
Division of HIV/STD

HIV Prevention Services Program

Budget and Budget Justification

Grant Period
1 January 2008 through 31 December 2008

INDIANA STATE DEPARTMENT OF HEALTH (ISDH)

COMMUNITY FUNDING PROPOSAL

Please type, follow instructions carefully, and submit as an original, signed and dated copy.

Title of Project: HIV Prevention Services		TOTAL REQUESTED:
Response to Specific Program Announcement: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes" state announcement title) Funding Announcement dated 2008		
Name of Principal Investigator/Program Director	Position Title	Degree(s)
Project Office Contact: Name, Title, Address, City, State, Zip code, Phone and FAX numbers, Email <div style="text-align: center; padding: 20px 0;">PLEASE CONFIRM CORPORATE NAME</div>		
Human Subjects: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes" Exemption Number _____ (Generally applies only to specialized research programs.)		
Type of Application: <input type="checkbox"/> New Project <input type="checkbox"/> Continuation Request <input type="checkbox"/> Project Revision Budget Period: 1/1/08 to 12/31/08		
Business Office Contact: Name, Title, Address, City, State, Zip Code, Phone and FAX numbers 		
Type of Organization: <input type="checkbox"/> State Agency <input type="checkbox"/> Local Government <input type="checkbox"/> Non-profit <input type="checkbox"/> For-profit <input type="checkbox"/> College/University		Federal ID Number:
Counties Served % of funds per county if multiple counties served ("Statewide" is not acceptable for counties.) USE ATTACHED TABLE FOR THIS SECTION!		
Official Custodian of Funds: Name, Title, Address, City, State, Zip code, Phone and FAX numbers 		
Name(s) and Title(s) of Officer(s) Required to Sign Contract: 		
Two Separate Signatures Required <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Signature of Financial Officer </div> <div style="width: 45%;"> _____ Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> _____ Signature of Principal Investigator/Program Director </div> <div style="width: 45%;"> _____ Date </div> </div>		

BUDGET DETAIL PERSONNEL

Project Title: _____
HIV Prevention Services Program

Personnel		Hours Per Week On Job	Estimated Project Costs and Source of Funds <small>(whole figures only)</small>		
Name	Position Title		ISDH Funds <small>(cash)</small>	+ Other Funds = <small>(cash and/or in-kind)</small>	Total Project Costs
SUB-TOTAL SALARY					
FRINGE BENEFITS % of Total Budget _____ • Includes Insurance, Social Security, Retirement, Disability, Medical, Dental, Other					
SUB-TOTAL PERSONNEL					

Note: Regardless of source of monies, all personnel involved in project activities must be included.
 How many hours is a regular full-time workweek? _____

BUDGET DETAIL

Project Title: _____
HIV Prevention Services Program

Category	ISDH Funds (cash)	+	Other Funds (cash and/or in-kind)	=	Total Project Costs
SUB-TOTAL “PERSONNEL” (from Page 2)					
• Consumable Supplies (includes postage, medical supplies, education materials, office supplies, software, computer supplies, etc.)					
• In-State Travel (includes mileage, <i>per diem</i> , lodging, training and registration fees) Note: State Travel Rules Apply					
• Out-of-State Travel (includes mileage, air fare, <i>per diem</i> , lodging, training and registration fees, parking, tips) Note: State Travel Rules Apply					
• Rent					
• Utilities (includes water, electricity, heat, monthly and toll telephone charges, etc.)					
• Consultant Services (includes personal services sub-contracts)					
• Contractual Services (includes sub-contracts, audits, data analysis, maintenance agreements, equipment lease and maintenance, etc.)					
• Other Expenses (includes, but not limited to, advertising, educational brochures, personal health care: prophylactics, printing, and <u>define</u> miscellaneous)					
• EQUIPMENT (includes computers, furniture, filing cabinets, etc.)					
TOTAL BUDGET					

HIV Prevention Services

1/1/08 through 12/31/08

Table of Counties Served

ADAMS	%	HENDRICKS	%	PIKE	%
ALLEN	%	HENRY	%	PORTER	%
BARTHOLOMEW	%	HOWARD	%	POSEY	%
BENTON	%	HUNTINGTON	%	PULASKI	%
BLACKFORD	%	JACKSON	%	PUTNAM	%
BOONE	%	JASPER	%	RANDOLPH	%
BROWN	%	JAY	%	RIPLEY	%
CARROLL	%	JEFFERSON	%	RUSH	%
CASS	%	JENNINGS	%	SCOTT	%
CLARK	%	JOHNSON	%	SHELBY	%
CLAY	%	KNOX	%	SPENCER	%
CLINTON	%	KOSCIUSKO	%	STARKE	%
CRAWFORD	%	LaGRANGE	%	STEUBEN	%
DAVIESS	%	LAKE	%	ST. JOSEPH	%
DEARBORN	%	LaPORTE	%	SULLIVAN	%
DECATUR	%	LAWRENCE	%	SWITZERLAND	%
DeKALB	%	MADISON	%	TIPPECANOE	%
DELAWARE	%	MARION	%	TIPTON	%
DUBOIS	%	MARSHALL	%	UNION	%
ELKHART	%	MARTIN	%	VANDEBURGH	%
FAYETTE	%	MIAMI	%	VERMILLION	%
FLOYD	%	MONROE	%	VIGO	%
FOUNTAIN	%	MONTGOMERY	%	WABASH	%
FRANKLIN	%	MORGAN	%	WARREN	%
FULTON	%	NEWTON	%	WARRICK	%
GIBSON	%	NOBLE	%	WASHINGTON	%
GRANT	%	OHIO	%	WAYNE	%
GREENE	%	ORANGE	%	WELLS	%
HAMILTON	%	OWEN	%	WHITE	%
HANCOCK	%	PARKE	%	WHITLEY	%
HARRISON	%	PERRY	%	TOTAL	%

Please use the above table to indicate the county or counties served under agency's proposed program. Use current or projected client demographics to estimate this information. This is a broad summary of the program. Round percentages to the nearest whole number, using no figure less than 1%. Use 1% as a minimum even though the actual figure may be a fraction of a percent. Take these differences from the largest single percentage listing so that the total equals 100%.

**FUNDING CURRENTLY RECEIVED BY YOUR AGENCY
FROM THE INDIANA STATE DEPARTMENT OF HEALTH**

LIST ALL SOURCES OF ISDH FUNDING

SOURCE	FISCAL YEAR	AMOUNT
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
		TOTAL \$ <hr/>

COMMENTS:

HIV/AIDS PREVENTION FUNDING CURRENTLY RECEIVED BY YOUR AGENCY

LIST ALL SOURCES OF HIV/AIDS PREVENTION FUNDING AND SPECIFIC INTERVENTION(S) FOR WHICH FUNDING IS TARGETED

SOURCE	INTERVENTION	FISCAL YEAR	AMOUNT

TOTAL \$ _____

COMMENTS:

Budget Justification Guidance

2008 BUDGET SUMMARY

Salary		\$
Fringe		\$
Supplies		\$
Medical/Lab	\$	
Office	\$	
Educational	\$	
Postage	\$	
Travel		\$
In-State	\$	
Out-of-State	\$	
Rent		\$
Utilities		\$
Consultant		\$
Contractual		\$
Equipment		\$
Other		\$
Printing	\$	
Advertising	\$	
Other		\$
Insurance/Liability	\$	
Insurance/Property	\$	
Audit Fees	\$	
Payroll Fees (ADP)	\$	
Software	\$	
Total		\$

BUDGET JUSTIFICATION

SALARY

\$

Position Title: Epidemiologist \$
Name:

This position reports directly to the Director and is responsible for the analysis, preparation and presentation of data. This includes epidemiological reports for publication, distribution, and presentation within the agency and the public. This position also manages the surveillance program and its components.

Position Title: Chief Nurse Consultant \$
Name:

This position is responsible for coordination and follow-up of cases, follow-up of HIV/AIDS case reports and all core surveillance activities. This position is also responsible for coordinating the sharing and validation of HIV infection with other relevant databases. Administrative duties as assigned.

Position Title: Administrative Assistant \$
Name:

This position assists with the surveillance system by completing database reports and their input into the Q and A and HARS systems. Other duties include tracking reports as to source, analyze and report changes; prepare epidemiologic presentations and publications; and manage equipment, supplies and travel for surveillance staff.

FRINGE

\$

Fringe benefits are computed using x% of salaries plus \$# per employee for medical coverage.

Life Insurance	%
Social Security	%
PERF (State share)	%
PERF (employee)	%
Disability Insurance	%
TOTAL	%

SUPPLIES

\$

Funds are requested for

TRAVEL

\$

Funds are requested for.....

RENT

\$

Funds are requested for.....

UTILITIES

\$

Funds are requested for.....

CONSULTANT

\$

Funds are requested for.....

CONTRACTUAL

\$

Grantee Name \$

Funds are requested to

2008 BUDGET	
Salary	\$
Fringe	\$
Supplies	\$
Travel	\$
Rent/Utilities	\$
Contractual	\$
Equipment	\$
Other	\$
TOTAL	\$

EQUIPMENT

\$

Funds are requested for.....

OTHER

\$

Funds are requested for.....

List other Line Items Pertinent to Agency

TOTAL

\$

BUDGET JUSTIFICATION

A detailed categorical budget must be submitted for each grant awarded. The following categories must be defined in a dollar amount and justified with a narrative. The narrative describes the “who, what, where, when, and why” to justify the award. Justifications should be brief, concise, and cover the points shown below. Inadequate justifications may be returned for clarification and delay the award or payment of funds. These categories parallel those found on the ISDH Community Funding Proposal and the Request for Budget Change form for clarity and consistency. (Refer to Attachment D for Budget Justification Guidance).

Personnel

List all individuals whose salaries are to be paid in whole or in part under the grant. For each position provide the job title, employee name, brief description of duties and responsibilities, annual salary, and percentage of time devoted to the grant. If a position is vacant, indicate as such and estimate when the position may be filled.

Fringe

Give a brief description of the benefit package for the agency. Indicate fringe % of total budget. It is not necessary to describe each package for the employees listed.

Supplies

Provide a description of the types of supplies requested and how the figures were determined. Common supply items include postage, educational materials, office supplies, software, computer and copier supplies (such as paper and toner).

Travel

All travel must directly relate to the activities of the grant. List all anticipated travel and indicate who will travel, where, when, and why the travel is necessary. List the breakdown between in-state travel and out-of-state travel. Mileage, travel, and per-diem must be consistent with State Travel Rules, e.g., .40 cents a mile.

Rent

Describe how the rent figure is determined under the operational guidelines and audit requirements of the agency such as square footage occupied by the program, percentage of total agency funding, etc. Be prepared to provide documentation of this determination, if requested. Provide the annual rent amount for the agency and for the project.

Utilities

Describe how utility charges are determined under the operational guidelines and audit requirements of the agency such as square footage occupied by the program, percentage of total agency funding, etc. Be prepared to provide documentation of this determination, if requested. Provide the projected annual utility costs for the agency based on the prior fiscal year's figures and for the project.

Contractual

This category is for non-personal services contracts. Describe the name of the sub-contract agency, amount budgeted, scope of the services provided, and how the agency determines the award of sub-contracts.

Consultant

This category is for personal services contracts. Describe the name(s) of the individual(s), amount budgeted, scope of the services provided, and how the agency determines the award of sub-contracts. Detail related budget categories such as rent, supplies, travel, and utilities.

Equipment

List all equipment being purchased or leased. This includes office equipment such as desks, chairs, filing cabinets, computers, printers, fax machines, etc. Explain who will use the equipment and why it is necessary for the operation of the program. Note that some equipment expenses may not be allowable. Three quotes are required for expensive equipment, e.g., copier, computers, or printers.

Other

This includes advertising, educational brochures, prophylactics, printing, audit costs, extra insurance, etc. Describe each item, why it is necessary, who will benefit, and the estimated costs.

Other Funding Sources

State the degree to which the applicant agency sought other funding sources for the proposed HIV prevention program.